

Richard M Holmes DMD, PA

Appointment & Financial Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. The following is a statement of our Financial Policy which we require you to read & sign prior to any treatment. All patients must complete our patient registration in full before seeing the doctor or hygienist.

It is our office policy that all patients must cancel an appointment with at least **48 hours** to avoid a broken appointment fee. If you are more than **TEN (10)** minutes late, your appointment is considered a broken appointment and you will be charged a **\$25** broken appointment fee. You must present a **CURRENT & VALID** insurance card, or we will not be able to treat you that day. **MINORS** who are not accompanied by a guardian or responsible adult will **NOT** be seen. Any appointment over sixty (60) minutes is considered a **TWO (2)** appointment block.

Payment in full is required at time of service. For all patients with dental insurance, your co-insurance portion is due at time of service.

We accept: Cash, Checks (with a valid ID), Visa, MasterCard, American Express, Discover, CareCredit & Capital One financing plans.

We know your time is valuable. Our doctor's and staff's time are as well. An appointment is a commitment made to our office that you will be here. After two **failed** appointments, you will no longer have the option to be treated by our facility.

This policy is necessary due to minimize broken appointments. Also, due to the limited amount of seating space in the reception area, we require that only the patients and guardians (if a minor) come into the reception area. Do not bring other children, relatives or friends to wait with you when you come for your appointments. **Children may not be left unattended or dropped off.**

This is a **HEALTH CARE** facility. No food, beverages or snacks are to be brought into this facility. No animals are permitted in the facility.

Failure to abide by these rules may result in dismissal from the practice.

Your cooperation is appreciated.

SIGNED _____

DATE _____